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ABSTRACT

This paper reviews social support programs designed to have a preventive impact on young adolescents. A review of supportive programs for reducing adolescents' risks of educational failure and poor health has identified a number of innovative school- and community-based support programs. School-based support programs are aimed at enhanced classroom participation, mobilization of parent and teacher support, encouragement of peer leadership, reorganization of the school environment to produce stable and supportive peer groups, and provision of school-linked clinics. Community-based support programs include youth organizations, youth participation in community projects, mentoring programs for inner-city youth, visiting nurse programs for pregnant adolescents, and special programs in black churches that are aimed at enhancing support to young adolescents and increasing their academic skills. An executive summary is followed by sections on: (1) adolescent transition and risk; (2) social support for adolescents; (3) ingredients of successful social support programs for adolescents; (4) supportive interventions for adolescents in the schools; (5) support from school-linked clinics; (6) community supports for adolescents; (7) personal support though mentoring; (8) personal support through outreach; and (9) directions for future research. A total of 58 references are cited. (RH)

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SCHOOL AND COMMUNITY SUPPORT PROGRAMS THAT ENHANCE ADOLESCENT HEALTH AND EDUCATION

Richard H. Price, Madalyn Cioci,
Wendy Penner, and Barbara Trautlein

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April 1990

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Executive Summary

Young adolescents confront a range of social, educational and health transitions that can place them at risk for poor educational and health outcomes. The risks are particularly severe for young adolescents where family and social supports are inadequate. Social support involves the provision of supportive aid including practical services and material benefits, personal affirmation including feedback that raises self-esteem and strengthens personal identity and supportive affect, particularly affection, caring and nurturance. This paper reviews social support programs designed for preventive impact for young adolescents. These supportive programs represent intentional organizational efforts to alter the availability of supportive relationships and resources for adolescents as they experience the transition to adulthood.

A review of supportive programs designed to reduce the risks of educational failure and poor health has yielded a number of innovative school and community-based support programs. School-based support programs are aimed at enhanced classroom participation, the mobilization of parent and teacher support, the encouragement of peer leadership, the reorganization of the school environment to produce more stable and supportive peer groups, and the provision of school-linked clinics to increase access to health care. Community-based support programs include youth organizations that increase the likelihood of community participation and enhance self-esteem, youth participation in community projects, mentoring programs for inner city youths, visiting nurse programs for pregnant adolescents, and special programs in Black churches aimed at enhancing support to young adolescents and increasing their academic skills.

These programs have a number of dimensions in common. They include a sensitivity to the adolescent's own goals and aspirations and a recognition of the complex interrelationship of adolescent needs and problems. Supportive programs also typically include opportunities for increased growth and mastery by providing activities and roles that encourage active participation, an opportunity to learn new skills, and clear expectations. Effective support programs also are particularly responsive to the rapid changes that occur in early adolescent social and physical development. Finally, effective support programs are more likely to occur in a context where organizational support is available for the program itself. Typically, such programs encourage relationships among various potential supporters of the adolescent. They also occur in host organizations that are sufficiently flexible to accommodate them and to commit resources for continued program development.

Systematic understanding of supportive programs for young adolescents will require more research on gender and ethnic

differences in response to supportive efforts and systematic evaluation of program impact. Research must also be increasingly attuned to an appreciation of the adolescent's own values and goals. We will also benefit from a deeper understanding of changing societal conceptions of adolescence and the ways these conceptions shape our supportive efforts.

Adolescent Transition and Risk

Consider the sense of the future experienced by a classroom of black inner city 8th graders. More than half of the class will never graduate from high school, and if the usual statistics hold true, more of the boys in this class will be in jail than in college by the end of their high school years. Where will they find the encouragement to enable them to believe that one day they might be able to go to college? In some classrooms there is a group of "Dreamers"--students with a mentor to guide their efforts, sharpen their academic skills, and promise them that if they do graduate from high school, there is a guarantee that their college expenses will be paid.

In another adolescent world, a 15-year-old girl has found she is pregnant. As the oldest girl in a single-parent family, she is confronted with a series of agonizing choices and few places to turn. Should she quit school or get a job? Who will help her learn about taking care of herself now that she is pregnant? And, who will help her prepare herself for the abrupt transition from being a child to being a parent? Most girls in her situation may have few places to turn, but in some places visiting nurses are helping girls like this one gain access to maternal health clinics and are providing prenatal instruction on nutrition, child care, and parenting skills. These nurses seem to know that more than medical issues are at stake however. They have talked to carefully selected members of the girl's friendship network and extended family and have enlisted people willing to help if difficult

circumstances arise.

Children in each of these cases face a transition where health and educational opportunity are put in jeopardy. Intentionally and thoughtfully provided social support can make a critical difference in reducing the risk of poor health and diminished educational attainment. How we can mobilize that support for young adolescents facing a range of challenges and risks is the topic of this paper.

Adolescence is a time of dramatic transition that involves multiple developmental changes each with its own risks and challenges (Hamburg, 1986; Hamburg & Takanishi, 1989; Petersen, 1988). Physical changes in growth and sexual maturity are accompanied by changes in self-concept and future prospects. Challenges of achievement in school are accompanied by increases in autonomy and expectations of independence. Personal and social values become more differentiated and decisions about health, substance use, and achievement all are shaped during this critical period.

At the same time, sexual development and sexuality is accompanied by changes in intimate relationships and personal commitment. And for some adolescents, the transition to adulthood may involve encounters with the criminal justice system which may indelibly alter the course of future prospects and well-being. For others, the transition to adult status may be unexpectedly sudden as when pregnancy and childbearing occur in early adolescence. The risk of school failure and encounters with drugs are also commonplace experiences at this crucial period of development.

The lives of adolescents are sometimes further complicated by the erosion of familial and social supports as reflected, for example, in the rise of single parent families... "especially those involving very young, poor, or socially isolated mothers, and in scattering the entire family, leaving many adolescents lonely, isolated, depressed, with a feeling of having no control over their destiny" (Hamburg, 1986).

While families are changing, becoming less multi-generational, and smaller, other social and community institutions vital to the successful development of adolescents are also experiencing major challenges. New demands are being placed on schools to strengthen their core educational mission while at the same time they are expected to fulfill a variety of other needs. These critical social institutions, the school and the family, also need strengthening so they can provide the support that adolescents so badly need as they negotiate the transition to adulthood.

Social Support for Adolescents

What kind of social support is needed by adolescents and how can we strengthen those institutions whose role it is to nurture and guide development? Social support has generally been defined as the provision of aid, affirmation, and affect (House & Kahn, 1985). Supportive aid refers to practical services and material benefits. Affirmation refers to feedback that raises self-esteem and strengthens identity. Affect refers to the provision of a

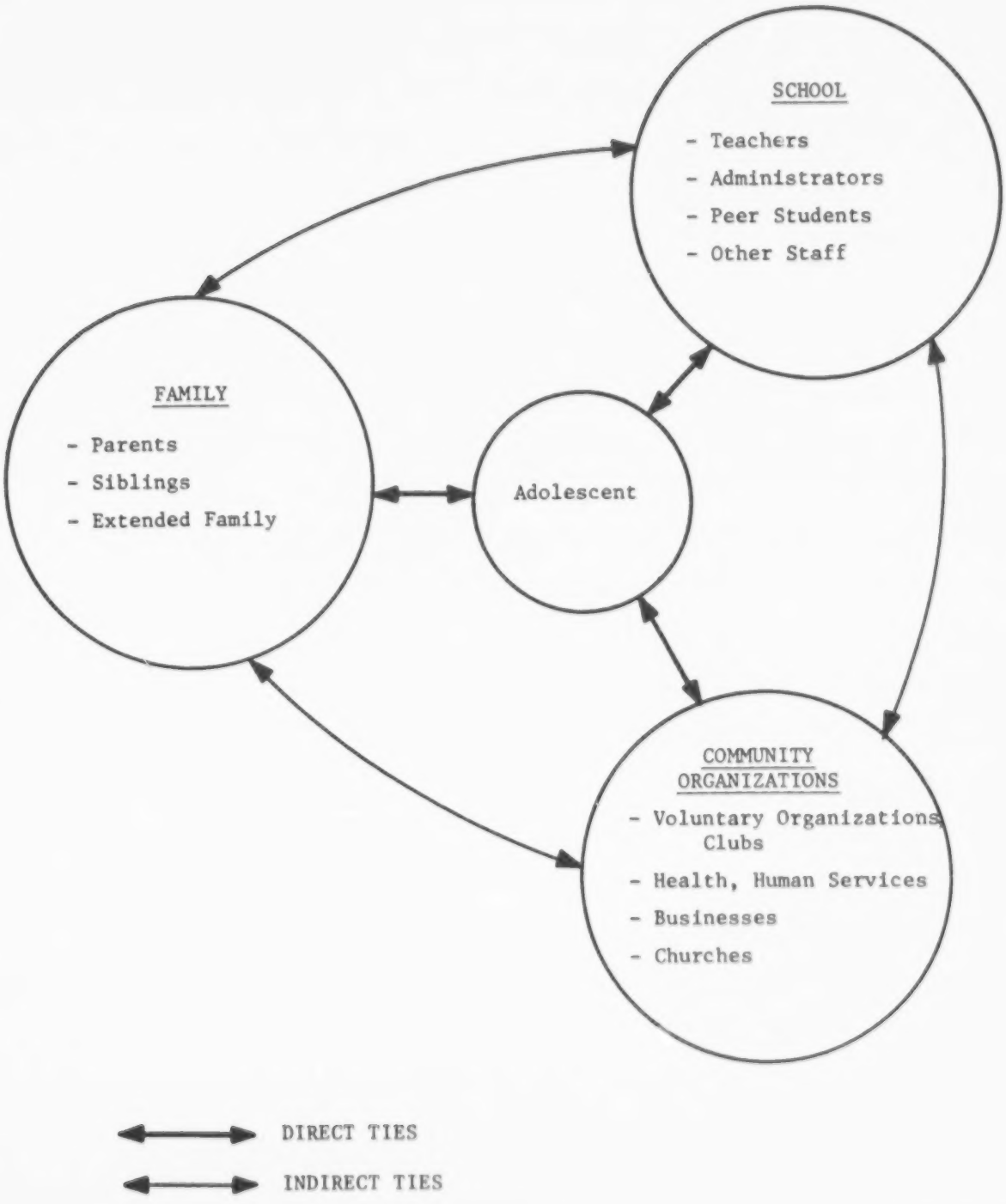
affection, caring, and nurturance. More recently, Heller and his colleagues (in press) have suggested that social support should also refer to social structures such as the school or family and caring relationships that can foster the development of competence, esteem, and belonging.

To understand the role of social support more clearly, it is worthwhile to explore its structural and relational aspects in more detail. We need to better understand the nature of networks of social support and how such networks can be strengthened through programmatic efforts that aid in the transition to productive and satisfying adult roles. We will concern ourselves primarily with three arenas of the adolescent social environment; the family, the school, and various community organizations as shown in Figure 1. In most cases, families include one or two parents, siblings, and extended family members, but a wide variety of different family relationships may exist for adolescents, sometimes providing adequate levels of support, unfortunately in other cases failing to do so.

For most young adolescents, school represents a major arena of involvement. For the fortunate few, the school and its teachers, student friends, counselors, and other staff members, represent a community of commitment and support where academic and social challenges can be presented at developmentally appropriate times. All too often, however, schools represent a very different kind of social environment, one in which close ties to teachers never are established, where enduring relationships with peers are

FIGURE 1

Arenas of the Adolescent
Social Environment



difficult to maintain, and where the school represents a setting for failure rather than success.

Finally, community organizations represent another potential arena of involvement for young adolescents, one in which involvement may be either substantial or almost nonexistent. This arena represents a portion of the adult world in which young adolescents will become increasingly involved as they grow older. Community organizations, including clubs and other voluntary organizations, health and human service agencies, businesses and churches, all may exert supportive or alienating influences on young adolescents. Some organizations such as the juvenile courts are, by their very nature, focused on deviant rather than prosocial behavior. Others, such as business, may have a great but unrealized capacity for the support of adolescents in the developmental transition to adulthood.

Figure 1 illustrates an often unrecognized aspect of the social environment of the adolescents. The heavy arrows represent a direct tie between the adolescent and various aspects of the social environment. These direct ties represent major channels through which social support resources may flow. However, equally important are the indirect ties between arenas in the social environment. The ties between family and school, school and community, and family and community represent critical relationships which, depending on their nature and strength, may have important influences on adolescent development. For example, the adolescent whose social environment includes strong cooperative

relationships between teacher and parent is likely to have a very different experience when dealing with problems of academic achievement than a young person whose parent-teacher relationship is conflictual or almost nonexistent. These indirect ties in the social lives of adolescents constitute important avenues for influence and support, but are frequently ignored in trying to understand the social environment of adolescents.

Social support networks of adolescents. Figure 2a and b illustrates the social support network of early adolescence in a slightly different way. Here we have portrayed existing relationships in the lives of an adolescent in more detail. The links between the actors and the social network of the young adolescent represents the channels through which information, influence, and messages of affirmation may flow. They represent direct and indirect relationships of potential support for adolescents as they cope with the transition to adulthood. Of course, not all individuals in such a support network are necessarily connected, and it is likely that not all of the relationships are equally strong or equally positive.

Nevertheless, social support networks of the kind illustrated here have important implications for the prevention of social and developmental problems encountered in early adolescence. A richly connected network of positive relationships, reaching across several arenas of the social environment can provide multiple sources of information, caring and commitment as well as alternative points of view and access to still other additional

FIGURE 2

Social Support Network of Pregnant Early Adolescents
Before and After Social Support Program Intervention

FIGURE 2A

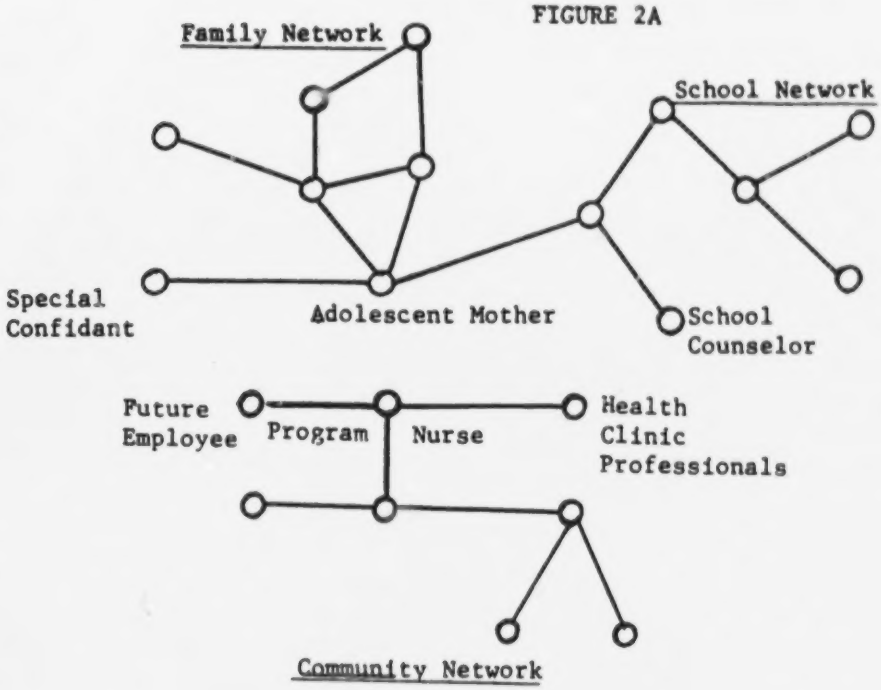
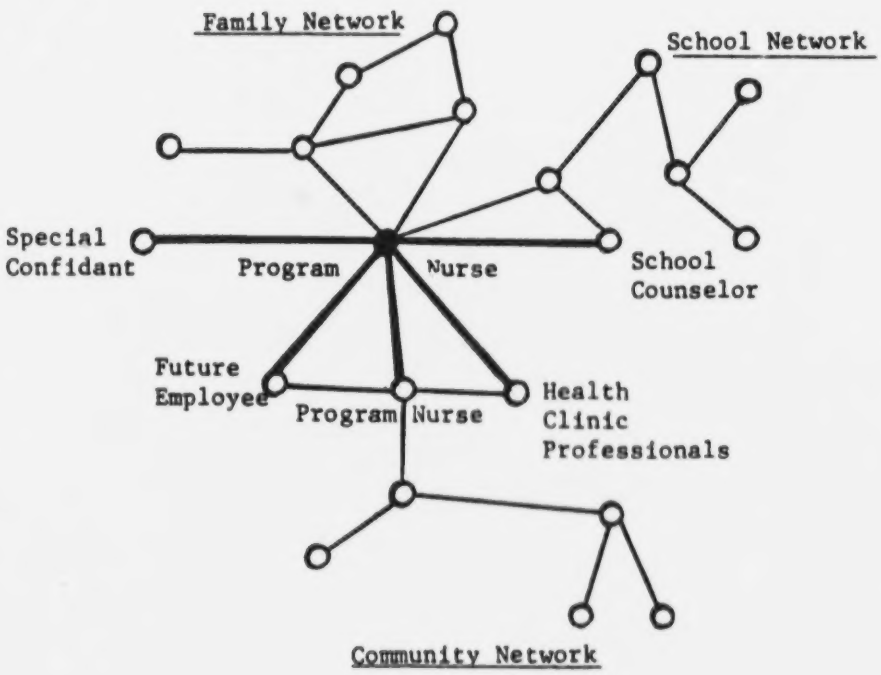


FIGURE 2B



resources. On the other hand, a support network that is impoverished and has only a few weak connections or one that is filled with conflictual relations provides access to only inadequate or inappropriate resources which can place an adolescent at risk for major developmental and social problems.

Consider Figure 2a again, this time assuming that the person at the center is an young adolescent girl who is pregnant. Faced with such a major and abrupt transition to an adult role, the adolescent in this network (and her future child) is faced with major needs and challenges, including the need to obtain adequate health care, prenatal education and nutrition, emotional and social support from family and friends, the need to decide to remain in or drop out of school, and the need for eventual paid employment. Whether the abrupt transition to motherhood and adult responsibilities will be successful for both mother and child critically depends on whether supportive relationships can be drawn upon or created to aid with the transition.

Figure 2b shows how such relationships might have developed if this girl would have been a participant in the prenatal-infancy support project developed by David Olds (1988). The heavy lines depict the new or strengthened supportive ties in the adolescent's relationships. This support program uses public health nurses to reach out to socially isolated pregnant adolescents and their families to provide support and counseling on prenatal and postnatal care, medical referrals to community health organizations, continuing relationships to school where

appropriate, and relationships to potential employers when needed. The program also mobilizes the support of family members or peers upon whom the young mother feels she can count in times of difficulty.

Our portrayal of the social support networks of adolescents involves relationships of the adolescent both to primary groups such as family and friends and to more formal organizations such as schools and human service agencies. As Litwak et al. (1989) have observed, it is the combination of relationships both to primary groups and formal organizations that provides a supportive network that has both the commitment and effective ties characteristic of family and friend groups and the access to resources and influence characteristic of formal organizations.

We see then that a social support program designed for preventive impact can be thought of as an <u>intentional organizational effort to alter the availability of supportive relationships and resources to adolescents as they experience the transition to adulthood</u>. When such supportive relationships are not available, the likelihood of a successful transition will be lower, even though some adolescents and their families may succeed in identifying and mobilizing the supports they need for a successful transition. However, without critical supportive resources, the developmental trajectory of many young adolescents is likely to be less than optimal. In the most unfortunate cases, the result may be poor school achievement and drop out, substance abuse, school age pregnancy, involvement with the juvenile justice

system, welfare dependency, and neglect.

Goals of the paper. The goal of this paper is to describe preventive health and education efforts that support adolescents in the transition to adulthood. We will identify critical elements of these supportive prevention approaches as well as innovative programs and will identify lines of inquiry that need further exploration. In our review of supportive programs where evidence of success is apparent we have noted it. Where only promising but not yet proven programs exist, we have tried to qualify our description of programmatic effects. In addition, we have attempted to identify the characteristics of successful programs. We now turn to a summary of those characteristics followed by a review of a number of innovative support programs for young adolescents.

Ingredients of Successful Social Support Programs for Adolescents

While systematic field experiments to isolate features of programs that maximize supportiveness and preventive impact for adolescents are yet to be conducted, our survey of existing programs allows a basis for some preliminary conclusions. Table 1 summarizes major characteristics of successful social support programs for adolescents. We now turn to a more detailed discussion of each of these characteristics drawing on examples from supportive programs we will describe later in this paper.

Empathy with adolescent goals and aspirations. Erickson (1988), Gottlieb (1988) and others have observed that if a program

Table 1

Ingredients of Successful Social Support Programs for Adolescents

Empathy — Programs are sensitive to adolescents' own goals, values and aspirations.

Insight — Programs recognize the interrelatedness of adolescent needs and problems.

Opportunities for Growth and Mastery — Programs provide roles and activities that:

- encourage active participation,
- provide opportunities to learn new skills, and
- provide clear expectations and a predictable environment.

Responsiveness to Adolescent Development — Programs are designed to be:

- sensitive to the timing of potential risks and developmental changes, and
- provide continuity over time.

Organizational Support — Programs are organized to:

- forge relationships among potential supporters of adolescents, and
- provide flexibility and willingness to commit resources.

is not seen by adolescents as relevant to their needs and aspirations, the likelihood of participation will be low. Perhaps the clearest example of a supportive program designed to respond to adolescent aspirations and to provide immediate incentives is Lange's "I Have a Dream" program. The promise of a college scholarship for students successfully competing their high school education makes the incentive for participation explicit. Furthermore, in this particular example, Lange and his colleagues have provided a well conceived, strong supportive mentoring program to express a personal interest in the child and to aid with the concrete tasks of improving academic achievement in high school.

Several other writers have sounded a slightly different theme. Erickson (1988) and Hedin (1988) have both noted that programs that readily acknowledge a partnership with youth are much more likely to be effective than those that offer support primarily aimed at the control of behavior. Such a partnership orientation is more likely to communicate a sense of positive reward and minimize the message that adolescent behavior is inevitably a problem or that young people cannot make important positive contributions.

Insight into interrelated problems and needs. Jessor (1982, 1985) summarizes longitudinal studies of problem behavior in adolescence by concluding that many adolescent problems do not occur in isolation, but instead tend to occur together. Problem clustering may reflect the fact that two or more different problems such as drug use and school failure are likely to occur together in a single individual or that problems may be causally

interrelated, for example, when alcohol and tobacco use complicates pregnancy and places an infant at risk. School-linked health clinics (Zabin et al., 1986), for example, recognize that a broad spectrum of health issues need to be addressed for adolescents. Similarly, programs aimed at reducing school failure or resisting substance use are also frequently directed at issues of adolescent social skill development, identity development, and self-esteem.

Opportunities for growth and mastery: Participation, roles with skill opportunities, and clear expectations. A number of strategies exist for enhancing participation including the rotation of leadership in group activities and reducing group size (Price, 1976). Similarly, Heller et al. (in press) have argued that supportive relationships that allow opportunities for adolescents to give as well as take may be particularly beneficial. Indeed, programs that do not provide opportunities for active participation may undercut their potential effectiveness. Mueller and Higgins (1988) make the related observation that programs that employ experiential learning techniques are more successful compared with those that require only passive listening and learning. Our survey of preventive programs has identified a number of such programs including the Youth Action Program (Stoneman, 1988) which supports active involvement on the part of youth in improving their own community.

Nightingale and Wolverton (1988) note that the concept of adolescence is largely defined in terms of what it is not; neither child nor adult. They argue that adolescents lack enough roles in

society that are appreciated and approved. At the same time, adolescents must take on two major developmental tasks--identity formation and the sense of self-efficacy and self-worth. The transition to adult roles is probably easiest for young people going to college because adolescence is lengthened by continued dependency on parents, structured by years of study, athletics and other activities, and because the parents of college bound young people frequently have the resources and energy to crate opportunities for their children. Non-college youth on the other hand frequently find it difficult to obtain work or productive activity that is meaningful and provides adequate wages.

Several strategies exist for increasing meaningful roles for adolescents, including the possibility of a youth corps, linking adolescents to retired persons, and the provision of opportunities to succeed outside of school. Schine and Campbell's program for school helpers (Schine & Campbell, 1987) and Olds' program designed to teach parenting roles to pregnant adolescents (Olds, 1988) designed to move young people out of the downward trajectory of delinquency and into meaningful jobs are all examples of programs that provide such roles.

In early adolescence, the demands of the social environment shift dramatically. Among the programs reviewed is the STEP program (Felner & Adan, 1988) that provides a school setting in which the transition to high school is supported by a more predictable environment that features a committed homeroom teacher and a single group of peers who meet academic challenges as a

group. In this more stable and supportive environment, there is an opportunity for peer support to develop while students face the increased academic and social demands of secondary school.

In many cases, the predictable environment and clear norms of successful programs are produced by well trained professional or non-professional staff (Mueller & Higgins, 1988). Sensitive and well trained staff recognize the balance that must be struck between a clear and predictable social environment on the one hand, and the need for a setting that supports spontaneity and initiative from adolescents on the other.

Responsiveness to adolescent development: Timing and continuity. Effective prevention programs take developmental information into account. Programs designed to prevent teenage pregnancy need to anticipate the likely point at which sexual fertility and activity may begin and substance abuse prevention programs must reach young children before many of them are actively using tobacco, drugs or alcohol. While some choice points for the timing of supportive interventions may seem obvious, such as before sexual activity or before substance use is commonplace, the choices may not always be so clear cut. For example, in some cases, programs supporting more effective parent-child relationships (e.g., Alexander & Parsons, 1973; Steinberg, 1988) may need to begin earlier to prevent the disintegration of parent-child relationships during adolescence itself. Clearly, this is a question about which more reliable information is needed.

One-shot programs of brief duration are not likely to provide the expected benefits of programs of longer duration and continuity that provide support before and during adolescent development. Zabin et al. (1986) noted that teenagers were more likely to return to a school health clinic to see a staff member with whom they had already established a trusting relationship. Programs of longer duration have the dual advantage of establishing long term relationships and providing support over a larger portion of the course of adolescent development. Lange's "Dreamer" program (Lange, 1986) provides and excellent example. Designed to occur over the course of six years from the end of sixth grade through high school graduation, the program retains a group of aspiring students in a continuing relationship and provides a staff coordinator whose job is to help clarify academic and career goals and to provide the needed support to attain those goals.

Organizational support: Linking supporters and committing resources. Programs that foster relationships between the various supporters of adolescents are more likely to be effective. Programs aimed at preventing school failure that involve both parent and teacher (Bry, 1982) appear to be more effective than programs that involve only one member of the role set. Similarly, programs for pregnant teenagers that involve both a visiting nurse and a friend (Olds, 1988) provide an example of this special quality. We referred to this earlier as the existence of secondary ties in the support network of adolescents. It may be that programs that take advantage of our intentionally encourage

secondary ties have particular advantages since they involve and mobilize larger portions of the social world of the adolescent.

Price and Lorion (1989) and D'Aunno (1987) have noted that the receptivity of the host organization such as a school or health clinic is a critical but frequently overlooked factor in the development and implementation of effective preventive programs. D'Aunno (1987) describes this complex of factors in the host organization as "organizational readiness." These factors include the beliefs of critical authorities that a problem actually exists, as well as the attitudes and beliefs of leaders in the host organization itself. While problem recognition and the beliefs of people both within and outside the organization are critical factors in organizational readiness, so is the availability of resources to engage in an innovative activity. Organizational mechanisms that provide flexibility and support for innovation are critical ingredients of readiness. For example, the degree to which a program is structured so that integration and collaboration occurs across community services may be critical to its success.

We have agreed that providing supportive aid, affirmation, and affect--the core attributes of social support--is necessary but not sufficient to produce effective support programs for adolescents. We described a number of additional ingredients that our literature review suggested as critical for the implementation of successful programs. Having described these ingredients, we now review a number of innovative support programs for adolescents in school and community settings summarized in Table 2. Reviewing

these programs should both serve to illustrate the generalizations we have drawn and suggest models of support programs for future implementation.

Table 2

Social Support Programs for Early Adolescents
That Promote Positive Health and Education Outcomes

School Support Programs

Program	Mechanism and Outcomes
Enhanced Classroom Participation (Richter & Tjosvold, 1980)	Enhanced classroom participation produced favorable attitudes toward school, independence, internal commitment to learning.
Mobilizing Parent and Teacher Support (Bein & Bry, 1980)	Conferences, group meetings increased parental contact improved school achievement and reduced discipline problems.
Peer Leadership in Smoking Prevention (Klepp et al., 1986)	Peer leaders serve as models, teach skills to resist peer pressure to smoke and identify health enhancing alternatives.
School Transition Environment Program (Felner & Adan, 1988)	Reorganizes school environment to produce a stable peer group, supportive home room teacher and aid the transition to high school. Produces higher school achievement, lower dropout, higher self-esteem. Examples include Boys and Girls Clubs in public housing projects.
School Linked Health Clinics (Zabin et al., 1986a, b)	Makes access to health clinic available through the schools. Reduced pregnancy and childbirth rates, later onset of sexual activity.

Community Support Programs

Youth Organizations (Erickson, 1982)	Students who join are more likely to participate in community activities in later life, show higher self-esteem.

Youth Action Program (Stoneman, 1988)	Active student participation and governance of community projects encourages self-esteem, commitment.
Early Adolescent Helper Program (Schine & Campbell, 1987)	Early adolescents care for younger children, learn caring skills, responsibility and help with child care burden.
"I Have a Dream" (Lange, 1986)	With the promise of a college scholarship, poor students commit to high school graduation and receive support in developing academic skills. Results are higher graduation rates and academic achievement.
Las Madrinas (Stanton, 1988)	Young high achieving Hispanic "godmothers" serve as mentors to Hispanic junior high school girls to discuss relationship, achievement, future career concerns.
Prenatal\Early Infancy Project (Olds, 1988)	Visiting public health nurses link pregnant adolescents to health care and provide parenting skills and information. Result is lower rates of second pregnancy, less child abuse and neglect, higher birth weight, higher levels of maternal employment.
Project Spirit (Crawford, 1988)	Black churches provide special classes for black children with school problems, support parents and provide tutoring.

Supportive Interventions for Adolescents in the Schools

Upon entering the school setting, the child encounters challenges perhaps never before experienced, including pressure for academic achievement, to follow regimented schedules, and to adhere to strict behavioral guidelines. The transition from elementary school to junior high or high school places new demands on the student, including challenges to navigate a new and often overwhelming environment.

Schools are particularly important social arenas for adolescents, both because of their potential psychological impact and because they are social organizations that often contain ready made channels for preventive interventions. Schools are, after all, settings in which young adolescents spend a large portion of each waking day, and are potent sources of both reward and punishment. In addition, at their best, schools can be organizations in which the benefits of group participation can be reaped, where transitions to adult responsibilities and challenges can be negotiated, where peer support can be encouraged and where organizational connections to needed health care can be made available. In what follows, we will examine several supportive interventions that capitalize on these advantages of the school for supporting adolescent development.

Enhancing Student and Family Participation

Two studies (Bein & Bry, 1980; Richter & Tjosvold, 1980) demonstrate the value of increasing the positive participation of

peers, family, and teachers in the learning and developmental agenda of young adolescents. When involvement and participation of the members of the support network of adolescents is increased, more opportunities for exchange of valuable resources, ideas, and indications of commitment and concern are possible. This research suggests that even small reorganizations of the school can have beneficial effects, perhaps particularly for adolescents whose current levels of achievement and support are below average.

Enhanced classroom participation. The creation of small student groups in the school setting can be particularly beneficial in mobilizing support for adolescents. Benefits that derive from small group settings include greater opportunity for participation, greater access to multiple roles, and greater access to valued resources. For example, small group participation can provide increased interaction with teachers and greater opportunity to build peer friendships, as well as a greater chance to exercise interpersonal skills. Small groups, as opposed to large classrooms, afford adolescents these advantages because the small groups are "undermanned settings" (Barker, 1960). That is, small group settings allow students to occupy more roles and have more successful experiences, which may lead to a sense of task completion, self-efficacy, and self-esteem, than do larger settings in which only a few students can actively try out new roles and practice new skills.

Richter and Tjosvold (1980) describe a field experiment that investigated the effects of enhanced classroom participation. In

the condition in which participation was encouraged, students decided on the topic and major learning activities they would engage in with the teacher. Results obtained through students' self-reports and observations made by independent observers showed that students who participated in classroom decisions developed more favorable attitudes toward school and subject matter, interacted more positively with peers, worked more consistently without supervision, and learned more than students whose teachers made decisions.

Richter and Tjosvold (1980) assert "participation in making decisions may integrate students into school life and develop their commitment to learning" (p.74). The study outcomes, including positive attitudes, internal commitment, and positive peer interactions, all contribute to high levels of learning. When students are permitted to participate in decision-making, "they feel recognized as capable of contributing to classroom management and gain satisfaction through influencing decisions" (p.75). In addition, the researchers observed that "students generally opted for active, innovative learning experiences" (p.79), and concluded that "results of this study suggest that a major outcome of participation is more positive peer groups" (p.79). Enhanced participation can increase the amount of supportive aid, positive affect, and personal affirmation available, not only to those who might naturally elicit it, but also for those who might remain isolated in less participatory classroom environments.

Mobilizing parent and teacher support. Bein and Bry (1980) developed a supportive intervention strategy implemented in the school aimed at mobilizing both family support and small group support in the school. This intervention focused on a target population of seventh grade students, selected because of demonstrated low academic motivation, family problems, and records of disciplinary referrals in the vice principal's office.

The successful treatment had three components--teacher conferences, group meetings, and parental contact. The teacher conference component was a biweekly program staff meeting with teachers in individual conferences. In these conferences the teachers were presented with the idea that the students were in the program because of their potential to achieve. The group meeting component consisted of biweekly student group meetings. The parent contact component included two parent meetings held during the school year. Furthermore, during the intervals between the meetings, group leaders contacted parents by note, by phone, and by personal visits. A crucial aspect of the intervention was that program staff emphasized to both teachers and parents that the students could do better in school, and that this was why they were chosen for the program. Stressing to both teachers and parents that the adolescent has the ability to succeed may create a "self-fulfilling prophesy" for the students: students are expected to succeed, and they often will.

Bein and Bry (1980) speculated about why the parent contact component may have led to program success: "Since the school has

largely been an arena of negative experience for them, these young people are probably less open to influence during school hours than other young people" (p.115). This suggests that we need to learn more about the ways in which adolescent perceptions of the school setting are important in determining the success of preventive interventions in schools.

Supporting Health Behavior through Peer Leadership

Peer influence has long been recognized as a powerful force in the lives of adolescents. As their social world expands beyond the arena of the immediate family, peer attitudes and behavior take on a new salience and become potentially influential in shaping health behavior. A number of programs have attempted to mobilize peer influence to shape health norms and behavior, to support healthy behavior, and to provide social support to resist pressure to smoke.

Klepp et al. (1986) have reviewed programs using a peer-leadership intervention strategy, and have determined that "results from school-based, peer-led psychosocial smoking prevention programs suggest that this approach is effective in reducing smoking onset rates" (p.407). Peer leaders serve as potential role models, demonstrate and create a norm of non-use, and provide alternatives to drug use. Peer leaders reinforce the importance of social responsibility and of health, and at the behavioral level, peer leaders teach social skills to resist pressures to use drugs and to help students identify and practice

health-enhancing alternatives to drug use.

Peer leaders provide normative information rather than merely providing facts. Research has shown that while teachers have more credibility regarding factual information, peers have more credibility relaying information about norms for social interaction (Klepp et al., 1986). This finding suggests the importance understanding what specific meaning offers of social support may hold for specific subgroups of adolescents (Gottlieb, 1988).

Although little is known about how these programs affect the onset of smoking, Klepp et al. (1986) report a process evaluation conducted on four programs. Results indicated that (1) students would have selected the same peer leaders again; (2) peer leaders felt and were perceived as adequately trained; (3) being a peer leader is a positive experience; (4) students felt positively about having peer-led programs; and (5) drug use outcomes may depend on how supportive teachers are in these programs.

Klepp et al. (1986) further note that training peer leaders works best when conducted during regular school hours. Program implementers "need to persuade teachers that peer-led learning is special" (p.409). When designing training programs for teachers, one must create an engaging environment, allow for a thorough review of the curriculum, and provide hands-on experience. Peer led programs need institutional support from school teachers and staff to be successful.

Redesigning the Organization of Schools to Enhance Support

Bronfenbrenner (1979) observes that students changing schools are confronting a major "ecological transition," that involves adapting to both role and setting changes. Because this particular ecological transition has a high likelihood of occurrence for adolescents and may lead to stress and maladaption, the school transition is an ideal point for a preventive intervention (Felner, Ginter, & Primavera, 1982). Felner and his colleagues have studied the transitional tasks accompanying the transition to high school and contend that the difficulty experienced in attempting to master these tasks reflects both the environmental context and the person's history and current coping abilities.

The School Transition Environment Program. Felner and his colleagues (Felner & Adan, 1988) have initiated a supportive prevention program called the School Transition Environment Program (STEP). STEP seeks to modify those aspects of the environment that hinder students' successful mastery of transitional tasks. STEP modifies the "two critical features of the school setting that affect the difficulty students have in mastering the essential transitional tasks...[specifically]...the complexity of the school environment and the setting's capacity to respond to students' needs" (Felner & Adan, 1988, p.6).

STEP employs two strategies to alter the school ecology to ease these transitions for students: (1) reorganizing the regularities of the school environment to reduce the degree of flux and complexity of the social and physical setting that the student

confronts; and (2) restructuring the roles of homeroom teachers and guidance personnel to provide more personal contact, caring and support.

Reorganizing the school environment is intended to reduce the degree of confusion the student confronts upon entering the new school to facilitate reestablishment of a stable peer support system and the establishment of a stable teacher support program. It is also intended to enhance the students' sense of belonging in the school and to foster perceptions of the school as "a stable, well-organized, understandable, and cohesive place" (Felner & Adan, 1988, p.10).

Restructuring the homeroom teachers' roles is intended to (1) increase the instrumental and affective social support students perceive as being available from school-based sources; (2) to reduce the difficulties students have in accessing important information about school rules, expectations and regularities, thus facilitating their efforts to deal with the transitional task of reorganizing their own daily school-related routines; (3) to increase students' feelings of accountability and decrease their sense of anonymity; and (4) to increase teachers' familiarity with students and decrease the time it takes for such familiarity to develop" (Felner & Adan, 1988, p.17).

Felner & Adan (1988) report that STEP students did not show the same decreases in academic performance and self-concept scores and increases in absenteeism that controls did. Process evaluation results indicated that "compared to controls, STEP students

perceived the school environment as more stable, understandable, well organized, involving, and supportive. Students also saw teachers and other school personnel as providing higher levels of support, especially by the end of the school year" (Felner & Adan, 1988, p.18). Further, the drop-out and failure rates for STEP students was less than half that for controls.

Support from School-Linked Clinics

The use of school-linked clinics to support adolescents' health care needs is increasing. Medical schools or local health departments have been the major sponsors of adolescent health clinics, although the schools are often responsible for providing space, maintenance, security and access to the student population (Millstein, 1988).

Because of this, the school linked health clinic can constitute a supportive link between the school and health care system. As Millstein (1988) notes, "The school system and its personnel play a crucial role in the acceptance of school-linked centers by students, parents and the community. Health education has traditionally been the responsibility of the schools, who may or may not have the resources to provide well-developed, appropriate curriculum in this area. With the presence of school-linked health centers, schools have the potential to strengthen their health education programs..." (pp.23-24).

General health care clinics as well as reproductive services clinics are normally staffed by a variety of health care

professionals and are located either on school grounds or in the same neighborhood as the target school (Edwards, Steinman & Hakanson, 1977; Millstein, 1988; Zabin et al., 1986a, 1986b). These programs depend on the full support and cooperation of school personnel as well as the commitment of the health care professionals involved. These programs generally involve a variety of professionals (e.g., social worker, nurse practitioner, physician), some of whom make periodic educational presentations in the classroom and implement policies of confidentiality for the students. The proximity of the clinic to the school, the opportunity for continuity and caring in the relationships between health personnel and students, and the policy of confidentiality all are supportive elements that enhance the preventive impact of school based clinics.

One of the first examples of a general health care clinic (Edwards, Steinman, Arnold & Hakanson, 1980) was implemented in a school with the provision that it would not dispense contraceptives. This is often a point of concern that may determine how supportive parents will be of the program. This program reduced childbearing by more than half and also lowered rates of second births and increased rates of finishing school.

The Adolescent Pregnancy Prevention Program. This school based health program based much of its design on research findings about adolescent needs and practices (Zabin et al., 1986a, 1986b). The "Adolescent Pregnancy-Prevention Program," was developed and evaluated by a group of researchers at Johns Hopkins University and

was implemented in clinics near the targeted schools.

The development of the clinic incorporated several prior research findings. First, Zabin et al. (1986a) found young people will rarely return to a site for education if they have already received the medical services they need. Therefore, education and counseling need to be provided at the same time as medical services. Second, "Teenagers appear to need the support of the same professional over time. The consistency of a relationship builds trust, thus allowing the adolescent to synthesize what he/she had learned and return to share private concerns" (Zabin et al., 1986a). Third, the researchers found that adolescents have a much higher risk for pregnancy in their first months of sexual exposure and when coitus is initiated in early adolescence. Teenagers tend to delay visiting clinics for contraceptives for more than a year after initiating intercourse and often visit only if pregnancy is suspected. Treatment and facilities need to be near locations where the adolescents spend their time, and clinic services need to be confidential if students are to be reached soon after the first sexual exposure.

As a result of these findings, a program was developed targeting the predominantly black, lower socioeconomic level students from an urban high school and junior high school in Baltimore. The major intervention strategy was to have the clinic staffed by social workers and nurse practitioners who were available both through the clinic and the school. For the students, this meant there was some assurance of consistency both

of caregivers and information across settings.

Education, counseling and medical services, including the dispensing of contraceptives, were available confidentially during one visit to the clinic, and repeat care was offered by the same caregiver as often as possible. The clinics were located near both of the participating schools but not located on school grounds. Thus the school, though it supplied support and students for the program and allowed the education to occur in the classroom at times, did not place itself in jeopardy in the eyes of more conservative members of the community. The clinic operated only during the hours after school, making it convenient for students without interfering with classes.

This was one of the few programs of its kind designed for evaluation from the outset. Questionnaires were administered to all the students of the two schools before and after the development of the program. The program resulted in increased contraceptive use for all who used the clinic compared to those who did not. Knowledge of contraceptives and about the risks for pregnancy went up 13%. This is an expected result because of the educational component of the program. However, health related behaviors were also significantly affected.

"Rates of pregnancy and childbirth were reduced in a period when rates went up in the comparison schools. In less than three years of the program's operation, the proportion of sexually active ninth to twelfth grade girls who had borne babies went down 25 percent" (Schorr, 1988, p.53). In addition, girls became sexually

active at a later age after being exposed to the program. The average age at first intercourse rose 7 months: from 15 years and 7 months to 16 years and 2 months (Zabin et al., 1986b).

It is clear that schools can provide a range of opportunities for programs to support adolescents in the critical years when educational attainment and health behaviors are being shaped. Programs to encourage peer, parent and teacher support can have positive effects on school achievement, self-esteem, as well as school discipline and dropout problems. Peer and school support programs that help to resist pressure to smoke and provide access to health care can have preventive impacts on adolescent health. As indicated in the recent Carnegie report, Turning Points (Carnegie Council on Adolescent Development, 1989), schools can become sources of support and caring rather than institutions that are indifferent to the educational, health and emotional needs of young adolescents. The programs reviewed here suggest some of the ways in which social support can be mobilized in schools to enhance adolescent health and education.

Community Supports for Adolescents

Some commentators (Rubinstein, Kelly, & Maines, 1985; Kelly, 1977) have suggested that the community may provide a variety of supports and resources for adolescents. The community--whether defined in terms of geographical space, as a political unit, or in terms of a network of associations--remains a critical locus in

which the developmental tasks of adolescents are linked to the activities of everyday life.

In reviewing the literature on the capacity of communities to support adolescent development, Wynn et al., (1988) developed a typology of community supports to structure their investigation. Wynn et al., (1988) argue that community supports include (1) opportunities to participate in organized groups, (2) avenues for contributing to the well being of others, (3) sources of personal support, and (4) access to and use of community facilities and events" (p.11). While this typology is not intended to suggest mutually exclusive categories, it does provide a useful organizing schema for our review.

The community provides the adolescent an arena between the institutions of family and school on the one hand and those of the wider world on the other. It is an arena in which adolescents can have an opportunity to learn and practice the skills useful in the wider world and to practice adult roles including those of worker and citizen. In addition, each of these sources of support in the community can call on a wide range of skills and may increase the likelihood and opportunity for supportive peer-adult relationships to develop. We now turn to a survey of each of these types of community supports, briefly noting concrete examples, research findings, and emerging themes.

Youth Organizations that Contribute to the Welfare of Others

Youth organizations represent a major community resource in which adolescents may participate. Over 300 national youth organizations currently operate with chapters of varying size and membership throughout the United States (Erickson, in press). These organizations include career groups, such as Junior Achievement; groups aimed at character building, such as the Scouts; political groups, such as Young Democrats and Republicans; and ethnic groups, such as Indian Youth of America. It is estimated that over a third of all elementary and high school youth join one or more of these groups (La Belle, 1981).

Survey data indicate that youth who join such groups are more likely to participate in community activities in later adulthood and tend to display higher self-esteem, are better educated, and come from families with somewhat higher incomes (Erickson, 1982). These data do not allow us to unequivocally assert that joining such groups will automatically enhance self-esteem, but they do suggest that opportunities for participation in formal groups may provide resources that could be made more broadly available, especially to less affluent adolescents. In general, participation in formal organizations offers the adolescent experience and the opportunity for rehearsal of both interpersonal and organizational skills vital to the carrying out of adult roles.

Boys and Girls Clubs in public housing projects. Currently, Boys and Girls Clubs are being established in settings where young adolescents are at highest risk for school dropout, delinquency,

and substance abuse problems--public housing projects. Clubs are being established in 15 housing projects in a representative sample of American cities. The effort is being evaluated over a three year period and will compare projects where no projects are available, where standard Club chapters are established, and where special substance abuse prevention programs are established as well (Boys and Girls Clubs in Public Housing Projects, Interim Report, May 12, 1989). The Club Programs are designed to provide individual, small group, and drop-in supportive activities in larger groups to enhance educational and personal development.

Preliminary results of the housing project experiment indicate that establishing the Clubs helps reduce vandalism and reduce publicly visible substance abuse and delinquent behavior. These are encouraging results, and further research should clarify the extent of impact of Clubs on adolescent youth in this project.

The opportunity for caring and for contributing to the welfare of others may well be under-emphasized in our society. Erickson (1988) suggests that the metaphors of competition and justice may have dominated research on adolescent development rather than those of caring and concern. Even so, scholars are now recognizing the importance of caring as a major orientation (Gilligan, 1982). Caring for others often sets the stage for both the giving and receiving of social support. Heller et al. (in press) note the importance of reciprocity in social support relationships. Contributing to the welfare of others can also elicit affirming and supportive relationships.

The community is replete with numerous opportunities to contribute to the welfare of others. Adolescents can help their peers through activities such as mentorship, tutoring, and counseling. They can work with the elderly in nursing homes or with younger children in schools, day-care centers, or hospitals. They can become engaged in identifying and solving community problems and can provide help to human service agencies.

The Youth Action Program. Participating in activities that contribute to the welfare of others can have powerful energizing qualities for adolescents. A compelling example is the Youth Action Program (Stoneman, 1988). The program is a youth-run community service organization developed by Dorothy Stoneman, a former teacher in East Harlem, New York City. The Youth Action Program involves several different projects, including a young peoples' block association that has transformed a vacant lot into a park and garden and a youth patrol that makes its rounds in housing projects to cut down on crime. Another project, the "Home Away From Home Network" finds places for teenagers who have family problems.

The following material from a Youth Action Program publication communicates how this program provides support for teenagers, and, at the same time, provides opportunities for both giving and receiving support and an appreciation of the strengths of teenagers.

"The basic premise of the Youth Action Program is that young people can be a strong force for good in their communities. They

have a clear perception of what is wrong in the world and vivid ideas for constructive change; they lack only the confidence and skills needed to carry them out. The role of YAP's adult staff is to draw out the young people's ideas and to give the personal support and technical assistance necessary to realize them."

"The process of youth government is central to our concept. Each project is governed by a core group of leaders, while the overall program is governed by a policy committee consisting primarily of young people. Critical decisions about staffing, program policy, budget, and community action are in the hands of the policy committee" (Youth Action Program, 1988).

While this program has not been subjected to a rigorous evaluation, the teenagers themselves believe they have acquired significant skills and a sense of self-esteem. In the words of one of the participants:

"Working in YAP, we learned from the meetings and discussions the decisions we had to make. We learned group dynamics, how to deal with people and problems. We were empowered because the program was based on our ideas. We got a sense of pride, of importance, something teenagers in East Harlem don't get anywhere else" (Freddy Acosta, a YAP founder, age 24).

Adolescents in low income communities in particular, may gain from participation in projects such as the Youth Action Program a sense that they can indeed make a difference in their own community.

The Early Adolescent Helper Program. The Center for Advanced Study and Education of the City University of New York has developed the Early Adolescent Child Care Helper Project to involve young people ages 11-14 working as interns in local daycare and Head Start centers (Schine & Campbell, 1987). The internship experiences are supplemented by weekly seminars conducted by junior high school staff. The goal of the program is to motivate students before they reach high school to stay in school, to provide structured settings for children who otherwise might be unsupervised, and to help them learn first-hand about the world of work and the roles of citizens, workers, and parents. In addition, the program provides extra help for community service agencies where overworked staff welcome the enthusiasm and energy of young volunteers.

Studies of the Early Adolescent Helper Program (Schine & Campbell, 1987) suggest that helpers in daycare settings provided additional opportunities for children to talk with an older person and encouraged language development in younger children. Research results indicate that the Early Helper Program could benefit by being better integrated into the school setting and needs more communication between program seminar leaders and teachers. Nevertheless, students who were involved in the Early Adolescent Helper Program reported they enjoyed being a good influence on those smaller than themselves, and that they learned skills of patience and reliability in interacting with small children.

Personal Support through Mentoring

Stephen Hamilton and Nancy Darling (in press) describe the mentor role this way. "The word 'mentor evokes the image of a wise counselor--someone who is at the same time nurturant, challenging and experienced. At a more concrete level, the mentor relationship connotes a special bond between an inexperienced or naive student and someone more skilled than him or herself who is willing to act as a guide in a new or unfamiliar situation" (p.1). Clearly, the mentor role is one that can convey all three aspects of the supportive relationship: material aid, a sense of affirmation, and positive affect and emotional support. Below we describe two examples of supportive mentoring programs.

"I Have a Dream". How to help students to become high academic achievers and to stay in high school is the focus of the "I Have a Dream" project (Lange, 1986). The program prompts students to come together in small groups, receiving tutoring and encouragement from a full-time coordinator throughout their junior high school and high school careers. Students are promised a scholarship for college if they successfully complete high school and enter college.

The program was conceived by Eugene M. Lange as he addressed the sixth grade graduating class of Public School 121 of East Harlem in 1981. As he encouraged them to work hard in school and aim for college, he realized that 75% of these students were likely to drop out even before they completed high school. During the speech, he was inspired to make the promise of college scholarship

for each student who graduated from high school. Afterwards, with Youth Action Program Director Dorothy Stoneman, Lange developed the "I Have a Dream" project to provide the organizational underpinnings for his inspiration.

The "I Have a Dream" project shares many elements in common with other preventive support interventions. The program creates small peer groups through which students can support each other. "I Have a Dream" offers students access to an information-rich and powerful resource, a full-time coordinator. The environmental context of the school, as well as project sponsors, are supportive of individual student achievement and personal growth. The monetary incentive may be viewed as not only a tangible goal to strive for, but also as evidence that each student's "dream" is believed in by powerful people in their environment. This intervention is particularly important because it attempts to reach and support minority and underprivileged adolescents.

Five years later, rather than showing the 75% dropout rate typical for students in this area of East Harlem, 50 of the 51 original students who heard Lange's speech were in school and nearly all expected to get high school diplomas. Approximately half of this sixth grade class planned to go to college and take up Lange's offer. The "I Have a Dream" project has now been duplicated in over 125 projects operating in 25 cities. Local sponsors have been found who are willing to contribute scholarship money and contribute to the support of the local program.

While formal evaluations of the "I Have a Dream" project have not been conducted, the program is simple in conception and apparently effective in improving school achievement and preventing dropout among young people who would otherwise be at high risk for school failure. The program also illustrates the importance of incentives for participation in supportive programs for youth.

Las Madrinas. Another example of a community based mentoring support program called Las Madrinas, is to promote leadership and school retention among young Hispanic women (Stanton, 1988). Las Madrinas means "godmothers" in Spanish, and the girls are described as Ahijadas, "god daughters." The Madrinas are young working professional Hispanic women who are high achievers and willing to return to their own communities to share their talents and experiences.

The program combines the development of intense personal bonds with structured group activities. The program begins with orientation sessions to teach Madrinas what can be done for young girls. Both Ahijadas and Madrinas fill out intake forms describing their interests and background as well as their individual needs and aspirations. A pairing of godmothers and god daughters then occurs and godmothers commit to the program for a minimum of two hours every two weeks for thirty weeks.

Program activities include seminars, field trips, and informal contacts of a variety of different kinds. In addition, girls learn a variety of social skills in role playing activities, giving and receiving feedback to each other and analyzing case studies which

describe problems that girls might encounter as they grow up. The case studies are analyzed and discussed so that alternative solutions to problems can be better understood.

Personal Support through Outreach

Support for teenage mothers often involves home visitation by health care professionals and coordination of community services (Olds, 1988; Osofsky, 1986; Schorr, 1988). These programs are focused on pregnant adolescents and, to some extent, on the partners of these adolescents. Program goals include prevention of school dropout, child abuse and unemployment, on the part of the parent.

Such support programs make a special effort to smooth the transition to motherhood and work by creating social support networks through the professional, family or friends and community services. The home visitation intervention is usually accomplished by having a female nurse, social-worker or volunteer visit the new adolescent mother in her home and provide medical advice, parenting instruction, and support for the mother in her new role. As we will indicate, the Prenatal/Early Infancy Project (Olds, 1988) has been strikingly successful and differs from other programs in the clarity of its rationale for various components of the program.

Prenatal/Early Infancy Project. Olds (1988) developed the Prenatal/Early Infancy Project to mobilize social support for pregnant teenagers based on the fact that too-early parenthood without adequate social support may lead a mother to an unfinished

education, poverty, and having a low birth weight baby who is likely to grow up in an unstable home environment. The program focuses heavily on teaching pregnant teens parenting skills and health care, recruiting informal support from boyfriends and family friends, and using nurses to link pregnant teens to health and social service agencies.

The intervention involved a substantial parent and health education component and was designed to recruit informal support of boyfriends, family, and other friends. The teenager was asked to name others who she could "count on" for help. These friends and relatives in her social network were encouraged by intervention staff to offer her both emotional and material support for maintaining health behaviors such as quitting smoking and weight reduction.

Still other aspects of the pregnant teenager's existing support system needed to be taken into account in designing the supportive intervention. These young women lived in a semi-rural area where health services were not especially responsive to isolated pregnant teenagers. Visiting nurses were seen as ideal staff for the program because they had the appropriate credentials, training, commitment, and resources to intervene.

The support intervention used nurses in a proactive outreach fashion, and the home visitation strategy became the cornerstone of the intervention. Because they were nurses, creating links to the health and social service system for teenagers was a natural part of the professional role. Olds specifically recruited

professional nurses who were also parents for his intervention staff. Interestingly, he suggests that the parental experience of the nurses both increased the nurses empathy for the circumstances of the pregnant teens and increased the legitimacy of the nurses in the eyes of both teenagers and other agency staff who initially were skeptical about the visiting nurse program. It is also worth noting that Olds formed a local steering committee to promote cooperation among health and human service agencies and to provide legitimacy for the social support intervention.

Evaluation results suggest the program was highly successful. The women in Olds' program experienced greater informal social support, improved their diets more and smoked less. During the first four years of the childrens' lives, "the nurse-visited, poor, unmarried women worked 82% longer than their (control group) counterparts" (Olds, 1988, p.12). In addition, the women in the program had 22% fewer subsequent births than did young women who were not part of the program.

Support through Existing Community Organizations: Black Churches

While specially designed organizations for adolescents can have supportive effects, existing community organizations should not be overlooked. The connections to family and to ethnic and cultural traditions that often exist in community organizations can offer a reservoir of caring and commitment that both offers aid and affirms ethnic identity. The Black church is a prime example.

Project Spirit. There has been increasing interest in the role of black churches in supporting parents who want to improve academic performance and self-esteem of their children who are in danger of becoming delinquents or dropouts. Project Spirit, launched in 1986 as a program of the Congress of National Black Churches, is working cooperatively with parents and school children in several urban sites to provide morale building, academic tutoring, and instruction in living skills for children while enrolling parents in a related parent education program (Carnegie Quarterly, 1987-88).

Project Spirit seeks underachievers who may have discipline problems and low grades, and more than half of the referrals come from schools that have almost given up on these children. Vanella Crawford, director of Project Spirit, observes that "the black church is one of the few institutions owned and operated by blacks within the black community that can effectively assist large numbers of black adults in enhancing their capacities as parents."

Project Spirit has an after school tutorial program and a six hour week parent program. It also has a pastoral counseling program that allows participating ministers to become more helpful in dealing with a range of family problems. Retired and active public school teachers participate as tutors in the program. In addition to tutoring, skits, songs, games, and role playing real life experiences are a big part of the program. The black churches are taking a wider role in the community, and are overcoming a traditional reluctance to grapple with problems of sexuality,

contraception, and drugs; issues that affect many in the black community (Lewin, 1988). Church officials were uneasy at first with the subject matter of some of the programs, but they soon discovered that centers for teenage parents in churches that involve tutoring, child care, and even classes on sexuality came to be accepted once they were begun.

In New Orleans, adolescent boys have joined in a black manhood training program as part of the Greater Liberty Baptist Church and hold discussions on spirituality, health, the importance of education, and issues of sexuality as they affect black men. The program seems to be filling a need. As one fourteen-year-old participant who lives with his grandmother and his aunt states, "I like it here because there is some things you get from a man that you can't get from a woman. And my grandmother is not so worried now because she knows where I am every day, and I'm not on the streets" (Lewin, 1988, p.9).

Directions for Future Research

While these programs to support young adolescents facing major life challenges under adverse circumstances are encouraging, we know far too little about how and why supportive efforts work. The research needed will involve both methodological rigor and a willingness to challenge our own ideas and conceptions. There are several other directions for future research that deserve explicit mention. We will discuss each of them briefly and consider some

of the questions that each of these topics raise.

The role of ethnicity in the development of effective programs for adolescents. For young people who are members of ethnic and minority groups, ethnicity is a critical factor in the development of identity and self-esteem. While some research has been done on the relationship between patterns of social support and ethnic identity (Cauce, 1986), we know far too little about the relationship between patterns of support and coping and ethnic identity. Furthermore, many supportive programs for adolescents have been developed and tested primarily with white middle-class young people and the degree to which such programs are generalizable and appropriate for ethnic minorities and disadvantaged young people is unclear. A few programs such as Las Madrinas have been specifically developed to provide a mentoring relationship which is consistent with both Hispanic family and cultural traditions. Such programs may help young people reflect on their own cultural traditions and both the dilemmas and supports that may emerge in bicultural and bilingual contexts.

Nevertheless, the vast majority of such programs exist only as demonstration projects. While it is true that we should test programs developed in middle class adolescents with other disadvantaged and ethnic populations and adapt them accordingly, such a proposal for further research does not go far enough. Research that links the personal and social meanings of ethnicity with the identity development of adolescents is needed. Such research may help us to understand how reaffirmed ethnic traditions

may optimize competence and well-being. This knowledge is essential if we are to respond supportively to the rapidly growing population of ethnic and minority young people in our society.

The role of gender in the development of supportive programs for adolescents. Just as ethnicity is critical in understanding identity and self-esteem in adolescents, so is the role of gender and gender identity (Heller et al., in press). Early adolescence is a time when the salience of gender becomes greater both for the adolescent and for those in his or her family and community. Developmental tasks at this age differ to some degree for men and women in part because of cultural and in part because of biological differences. Maccoby (1988) has observed that early adolescence is a time in which young men and women come together in a variety of settings after a substantial previous period of age segregation. She goes on to observe that how young adolescents learn to collaborate and make decisions in mixed sex groups and whether the essential style of decision making is dominated by one gender or another may foreshadow the style of relationship and problem solving between men and women that occurs much later in the work setting.

Heller et al. (in press) points out that different combinations of cross-sex support may not be equally effective. For example, male-male support relationships have a very different character than relationships in which women provide a supportive role for men or vice versa. In some cases, traditional cultural roles which cast women into the helping role may account for some

of these differences and, indeed, account for the higher level of burden to provide support that women frequently report (La Belle, 1981). Nevertheless, questions about the value of support provided by same sex or different sex persons serving as models or mentors have not been answered and more research both in the intervention mode and in more traditional field research is clearly in order.

Systematic evaluation of program impact. Our survey of published reports on supportive programs for adolescents in schools and communities convinced us that systematic evaluations were the exception rather than the rule. Most often innovative programs report descriptive information and less frequently report outcome data comparing program impact with that of other comparable groups or programs. Where systematic research has been conducted, findings on the impact of supportive programs has been encouraging. However, systematic evaluation of innovative programs remains a major challenge. Program developers and sponsors need to appreciate that providing resources to evaluate program effectiveness is as important as providing resources for the program itself.

Support from whose point of view? Erickson (1988) raises yet another set that cannot be overlooked in setting a research agenda to better understand the role of social support in adolescent development. Erickson observes that the concept of adolescence itself sets this group apart from other groups in society. In doing so, we often characterize adolescence with a set of descriptions and metaphors which may express the wishes of the

adult community more effectively than they do the perceptions of adolescence themselves.

Erickson notes that sociologists have suggested that these symbolic environments in which individuals are socialized can be thought of as "symbol spheres" (Gerth & Mills, 1953, p.274). These spheres of symbols may inform not only the way we view groups in society such as adolescence, but also the way in which we structure the social institutions designed to socialize and support them. At the heart of the question, Erickson believes, is whether the symbols and metaphors we use to describe adolescence actually match the reality of adolescents as they experience it. She asks,

> "Are the supports that a community believes it is providing youth perceived by the youth to be supportive? What do adolescents believe to be the real functions that youth serving systems have been designed to perform? Upon what metaphors might programs be built if they are to be perceived as supportive by youth? Do different types of programs require different metaphorical foundations? How does a community wean itself from the possibly dysfunctional metaphors of control over youth to those of partnership with youth from symbolizing adolescence as an abstract hope for the future to considering them as a genuine resource for today?" (pp.83-84).

Erickson cautions us to be aware that adolescence and our understanding of adolescent development represent a set of symbolic commitments that shape the social institutions in which youth are socialized. We would do well to ask whether our symbolic commitments are sensitive to the perceptions of youth as they see themselves and as they wish to see themselves as they negotiate the transition to adulthood.

Adolescence in societal perspective. It is well for us to remember that the images of adolescence that have predominated in recent years have been importantly shaped by contemporary economic and social institutions as well as the professions. These images can have powerful effects on our ideas about the degree and kind of social support we see as appropriate and needed by adolescents. In particular, the mental health professions, until recently, have portrayed adolescence as a time of major turmoil and disruption (Steinberg, 1988). New research is providing a different picture in which turmoil and conflict represent the exception rather than the rule.

In any case, Modell and Goodman (1988) have recently provided a searching historical perspective on adolescence and adolescents, and they examine the emergence of adolescence as a relatively recent social category in modern Europe and America. Modell and Goodman argue that the dominant political economy in an era helps define adolescence, both as a descriptive and a prescriptive notion.

If we are to understand adolescence and the role of social support in adolescent development, we cannot do so out of its historical context, or out of the context of the institutions that shape our perceptions of adolescent problems. We should recognize that we as social actors shape the actions of institutions such as the school, the juvenile justice system and the workplace just as these institutions shape our perceptions of adolescents and adolescents perceptions of themselves. An understanding of the

metaphors and images of adolescence and the ways those images shape supportive organizational arrangements is a research agenda only now coming into focus (Scott, 1987).

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